

Substance Use Disorder Provider Application Instructions

**Department of Health and Mental Hygiene
Medical Care Programs**

Revised February 2014

The Maryland Medical Assistance Program and the Maryland Alcohol and Drug Abuse Administration (ADAA) are working together to ensure that all Office of Health Care Quality (OHCQ) Certified Addictions providers that want to enroll as a Maryland Medicaid fee-for-service provider receive appropriate application forms and technical assistance.

Enclosed you will find a generic Medical Assistance Provider application form. **Do not complete this application if you are already enrolled with the Medical Assistance Program as provider type 50** (group, individual, or IOP) **or a provider type 32** (methadone maintenance program).

Do complete this application if you are a non-hospital, community-based substance abuse treatment provider and want to enroll as a Medical Assistance provider. If you are a methadone maintenance program, please use provider type 32 when filing out this application, and if you are a provider of Addictions Counseling services (group, individual, or IOP), please use provider type 50. You **MUST** complete this application according to the following instructions. If you are OHCQ Certified Addictions Provider, you must attach a copy of your OHCQ Certification to this application. **Note:** If the date on your certification is expired, you will need to send a copy of a letter of good standing from OHCQ to fulfill this requirement.

SECTION #1

APPLICATION TYPE

Check the appropriate box.

If you check “new enrollment,” enter your NPI number in the box provided.

If you are already enrolled as a provider type other than 32 or 50 check “existing provider/change,” enter both your MA provider number and your NPI number in the boxes provided.

Do not complete this application if you are already enrolled with the Medical Assistance Program as a provider type 50 (group, individual, or IOP) **or provider type 32** (methadone maintenance program).

Note: The National Provider Identifier (NPI) is a Health Information Portability and Accountability Act (HIPAA) mandate requiring a standard unique identifier for health care providers. Providers must obtain this unique 10-digit identifier and use it on all electronic transactions. When billing on paper, this unique number and the provider’s 9-digit Medicaid provider number are required to ensure reimbursement. Additional NPI information can be found on the Centers for Medicare and Medicaid Services (CMS) website:

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

Or for NPI assistance, call **1-800-465-3203**

I AM APPLYING AS A ...PLEASE CHECK ONE

Please check **Facility/Institution/Business/Agency**

REQUESTED ENROLLMENT BEGIN DATE (TOP RIGHT)

Enter the date you are requesting for enrollment. **Note:** Maryland Medicaid will not backdate your enrollment more than (3) months prior to receiving your application.

SECTION #2

PROVIDER INFORMATION

Please complete all applicable information. For “Provider Type Code” box please *circle* either provider **type 50 (OHCQ Certified Addictions Outpatient Program)** or **type 32 (Clinic, Drug Abuse (Methadone))**.

SECTION #3

LICENSE/PERMIT INFORMATION

Enter Office of Health Care Quality (OHCQ) license information under **Other**.

You must attach a copy of your OCHQ certification. If the date on your certification has expired you must obtain a letter of good standing from OHCQ and attach a copy to your application. To request a letter of good standing, please contact the Substance Abuse Certification Unit at 410-402-8198.

SECTION #4

PRACTICE INFORMATION

99 has been entered for you. You do not need to enter anything in this box.

SECTION #5 – SECTION #7

Not applicable.

SECTION #8

MEDICARE INFORMATION

If you are participating in Medicare, please list the fiscal intermediaries with whom you are enrolled, (i.e., Blue Cross of Maryland, Traveler’s Group Hospital

Insurance (GHI), etc.) and enter the provider number each has assigned to you.

SECTION #9

ALTERNATIVE ADDRESS INFORMATION

Complete if pay-to or correspondence addresses are different than program address.

Would you prefer to receive electronic correspondence, including remittance advices, in lieu of paper, when available? Please check the appropriate box and make sure you have included your email address on the first page of the application (SECTION 2).

SECTION #10

OTHER PRACTICE LOCATION INFORMATION

Please fill in if applicable

SECTION #11

AUTHORIZATION

Please have administrator or authorized representative date, sign and print name as indicated.

PRACTITIONER AND GROUP ADDENDUM

Include Laboratory information if applicable.

INSTITUTION ADDENDUM

Enter your fiscal year end date.

LABORATORY INFORMATION

Enter information if applicable.

PROVIDER OWNERSHIP AND CONTROL DISCLOSURE FORM

You must complete this form. Please have administrator or authorized representative date and sign as indicated.

ADDITIONAL REQUIREMENTS

You must attach a copy of your OHCQ certification. If the date on your certification has expired you must obtain a letter of good standing from OHCQ and attach a copy to your application. To request a letter of good standing, please contact Substance Abuse Certification Unit at 410-402-8054.

Once a provider's Medical Assistance application has been received by Provider Enrollment, providers will be visited by a Medicaid site surveyor to complete an unannounced site review. Site visits are federally mandated and independent of any previous OHCQ site reviews conducted. Providers must demonstrate compliance with the COMAR regulations during this process.

Your actual enrollment as a Medical Assistance provider will not occur until the Office of Health Services has received documentation that the provider application has been completed and the above requirements have been met.

If approved as a Medical Assistance provider, you will be sent notification with your assigned provider number and approved begin date. At that time, you can bill for services rendered, as per established regulations, policies and procedures. Questions regarding the status of your enrollment process, once you have mailed your application and fulfilled the above requirements, can be directed to:

Provider Enrollment
(410) 767-4570

Note: Provider information and billing instructions can be located on our website at:
<https://mmcp.dhmdh.maryland.gov/SitePages/Provider%20Information.aspx>

And Maryland regulations for Maryland Medical Care Programs can be found at:
http://www.dsd.state.md.us/comar/subtitle_chapters/10_Chapters.aspx#Subtitle09

The Provider Application form, Provider Agreement, and OHCQ Certification documents should be returned to:

Provider Enrollment
P.O. Box 17030
Baltimore, MD 21203
(410) 767-4570

Your interest in becoming a Maryland Medical Assistance Provider is greatly appreciated.